PATEN1
Atty. Docket No.: 2788

(203-2854)

NOTHE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicarit(s). Mark S. Roby et al.

Examiner: Erma C. Cameron

Serial No.:

09/964,901

Group Art Unit: 1762

Filed:

September 27, 2001

Dated: March 3, 2005

For:

SILICONIZED SURGICAL
NEEDLES AND METHODS
FOR THEIR MANUFACTURE

Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMAL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIM REMA AFTER AMEN	INING	PF	GHEST NO. REVIOUSLY NID FOR	PRESENT EXTRA	RATE	ADDIT.	OR	RATE	ADDIT. FEE
TOTAL	*17	MINUS	**	29	= 0	x	\$ 25.00	>	(\$0
INDEP.	* 2	MINUS	**	4	= 0	x	\$ 100.00	>	(\$ 0
☐ FIRST PRESEN	IOITATI	N OF MUI	TIP	PLE DEP. CLA	MM	X	\$	>	(\$0
					ADDIT. F	TOTAL	\$ -0-	OR '	TOTAL	\$0

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, P.Q. Box 1450, Alexandria, VA 22313-1450 on date below.

Puente

Dated: March 3, 2005

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Deposit Account No. <u>21-0550</u> in the amount of \$___. Two (2) copies of this sheet are enclosed.
- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

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MRB/jjp